

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005016

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 52

STATE FILE NUMBER

FILED FEB 18 1963

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Iowa</b> b. COUNTY <b>Floyd</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirksville</b>		c. CITY OR TOWN <b>Charles City</b>	
Length of stay in lb <b>6 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Kirksville Osteopathic</b>		d. STREET ADDRESS (If outside, give location) <b>301 7th St.</b>	
3. NAME OF DECEASED (Type or print) <b>MARION HUNT</b>		4. DATE OF DEATH Month <b>February</b> Day <b>12</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/21/05</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Osteopathic</b>	
11. BIRTHPLACE (City and state or country) <b>Bancroft, Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>U S</b>	
13a. FATHER'S NAME <b>Edward Hunt</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Searle</b>	
14. NAME OF <del>husband</del> WIFE <b>Edna Lewis Hunt</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT Address <b>Edna Hunt, Charles City, Iowa</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rupture of abdominal aortic aneurysm</b> DUE TO (b) <b>Dissecting aortic aneurysm</b> DUE TO (c) <b>3 hours</b> 3 weeks		INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b> <b>3 weeks</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>11:30 p.m.</b> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Kirksville, Mo.</b>	
20g. COUNTY <b>Adair</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>Jan 1963</b> to <b>Feb 12, 1963</b> and last saw him alive on <b>Feb 12, 1963</b> Death occurred at <b>11:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>M. T. Luten</b>	
22b. ADDRESS <b>Kirksville Mo</b>		22c. DATE SIGNED <b>2-15-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 16/63</b>	23c. NAME OF CEMETERY <b>Highland Park</b>	23d. LOCATION (City, town, or county) (State) <b>Kirksville, Adair, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Foster Memorial Home, Kirksville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 15-63.</b>	
26. REGISTRAR'S SIGNATURE <b>Nora W. Rattiff</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATE: *Guterson*

VS 300  
Rev. 4/59  
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MAR 5 1963

M. T. GUTENSOHN, D.O.

Permit issued Feb. 12, 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Nova E. Foster*  
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.